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<b>TO:</b>	<b>FROM:</b>
Commissioner for Patents, Mail Stop:	Peter P. Tong Ph: 650-903-9200, Fax: 650-903-9800
<b>COMPANY:</b>	<b>DATE:</b>
United States Patent Office	AUGUST 10, 2006
<b>FAX NUMBER:</b>	<b>NO. OF PAGES (INCLUDING COVER):</b>
571-273-8300	41
<b>PHONE NUMBER:</b>	<b>SENDER'S REFERENCE NUMBER:</b>
	WVANP009
<b>RE:</b>	<b>RECIPIENT'S REFERENCE NUMBER:</b>
Amendment A and Information Disclosure	09/750,385

**NOTES/COMMENTS:**

Transmitted herewith are the following documents for entry into the above-noted file:

Amendment Transmittal	1 page
Amendment A	17 pages
Information Disclosure Statement	2 pages
Form 1449	1 page
<b>5 cited references:</b>	
Hyten	2 pages
Pearce	4 pages
Peapod Interactive	2 pages
Worth	2 pages
<u>www.peapod</u>	9 pages

AUG 10 2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: WIJAYA et al.

Attorney Docket No.: WVANP013

Application No.: 09/750,385

Examiner: THEIN, Maria Teresa T.

Filed: December 27, 2000

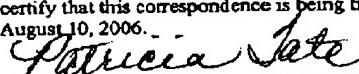
Group: 3627

Title: TECHNIQUE FOR IMPLEMENTING ITEM  
SUBSTITUTION FOR UNAVAILABLE ITEMS  
RELATING TO A CUSTOMER ORDER

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 10, 2006.

Signed:



Printed Name: Patricia Tate

**AMENDMENT E TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

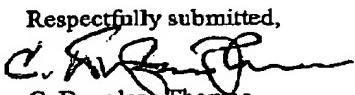
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	36	MINUS	38	00	x 25 =	x 50 =
Independent Claims	5	MINUS	5	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
					Total	\$00.00

- Applicant(s) hereby petition for a \_\_\_\_\_ - month extension(s) of time to respond to the aforementioned Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50384.
- Enclosed is a Credit Card Payment Form for the amount of \$ \_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. \_\_\_\_\_ (Order No. \_\_\_\_\_).

Respectfully submitted,  
  
C. Douglass Thomas  
Reg. No. 32,947